



Please type a plus sign (+) inside this box → +

10-16-00

PTO/SB/05 (4/98)  
Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
a valid OMB control number.

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)) See MPEP chapter 600 concerning utility patent application contents.

Attorney Doc ket No. 0102396-00010

First Inventor or Application Identifier Stakutis

Title LOW OVERHEAD METHODS AND APPARATUS  
Express Mail La bel No. EL684297128US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- Patent Application Transmittal Form
- \* Fee Transmittal Form (e.g., PTO/SB/17)  
(submit an original and a duplicate for fee processing)
- Specification [ Total Pages 59 ]
- Description (No. of Sheets: 20 )  
Claims (No. of Sheets: 7 )  
Abstract (No. of Sheets: 1 )  
C orr. 10/13/00 Appendix (No. of Sheets: 30 )  
Other: cover page (No. of Sheets: 1 )
- Drawing(s) (35 U.S.C. 113) [ Total Sheets 4 ]

- Oath or Declaration [ Total Pages 5 ]
- Newly executed (original or copy)
- Unexecuted
- Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)

### i. DELETION OF INVENTOR(S)

Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

**NOTE FOR ITEMS 1&13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

- If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment

Continuation  Divisional  Continuation-in-part (CIP)

Prior application information: Examiner I. Pardo

## ACCOMPANYING APPLICATION PARTS

- Assignment Papers (cover sheet & document(s))
- 37 C.F.R. § 3.73(b) Statement (when there is an assignee)
- English Translation Document
- Information Disclosure Statement (IDS)/PTO-1449
- Preliminary Amendment
- Return Receipt Postcard (MPEP 503) in duplicate  
(Should be specifically itemized)
- Small Entity Statement(s) (PTO/SB/09-12)
- Statement filed in prior application, status still proper and desired
- Certified Copy of Priority Document(s) (if foreign priority is claimed)
- Other: .....

of prior application No: 09/309,453

Group / Art Unit: 2771

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application, and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 18. CORRESPONDENCE ADDRESS

21125

or  Correspondence address below

(Insert Customer No. or Attach bar code label here)

Customer Number or Bar Code Label

Name: David J. Powsner

Address: Nutter, McClellan & Fish, LLP

One International Place

City: Boston

Country: US

State: MA

Telephone: 617-439-2717

Zip Code: 02110-2699

Fax: 617-310-9717

Name (Print/Type): Michael I. Falkoff

Registration No. (Attorney/Agent): 30,833

Date: 10/13/00

Signature: Michael I. Falkoff

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL

## for FY 2000

Patent fees are subject to annual revision.

Small Entity payments **must** be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 898.00)

## Complete if Known

Application Number			
Filing Date	10/13/00		
First Named Inventor	Stakutis		
Examiner Name	T. Pardo		
Group / Art Unit	2771		
Attorney Docket No.	0102396-00010		

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)																																																																																																																																							
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number <b>141449</b></p> <p>Deposit Account Name <b>Nutter, McClellan &amp; Fish LLP</b></p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p>				<p><b>3. ADDITIONAL FEES</b></p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>380</td><td>216</td><td>190</td></tr> <tr><td>117</td><td>870</td><td>217</td><td>435</td></tr> <tr><td>118</td><td>1,360</td><td>218</td><td>680</td></tr> <tr><td>128</td><td>1,850</td><td>228</td><td>925</td></tr> <tr><td>119</td><td>300</td><td>219</td><td>150</td></tr> <tr><td>120</td><td>300</td><td>220</td><td>150</td></tr> <tr><td>121</td><td>260</td><td>221</td><td>130</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>1,210</td><td>241</td><td>605</td></tr> <tr><td>142</td><td>1,210</td><td>242</td><td>605</td></tr> <tr><td>143</td><td>430</td><td>243</td><td>215</td></tr> <tr><td>144</td><td>580</td><td>244</td><td>290</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td></tr> <tr><td>146</td><td>690</td><td>246</td><td>345</td></tr> <tr><td>149</td><td>690</td><td>249</td><td>345</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (1) (\$ 710.00)</b></td> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (3) \$0.00</b></td> </tr> <tr> <td colspan="4" style="text-align: right;"><del>Reduced by Basic Filing Fee Paid</del></td> <td colspan="4" style="text-align: right;"><del>Complete if applicable</del></td> </tr> </tbody> </table>				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	105	130	205	65	127	50	227	25	139	130	139	130	147	2,520	147	2,520	112	920*	112	920*	113	1,840*	113	1,840*	115	110	215	55	116	380	216	190	117	870	217	435	118	1,360	218	680	128	1,850	228	925	119	300	219	150	120	300	220	150	121	260	221	130	138	1,510	138	1,510	140	110	240	55	141	1,210	241	605	142	1,210	242	605	143	430	243	215	144	580	244	290	122	130	122	130	123	50	123	50	126	240	126	240	581	40	581	40	146	690	246	345	149	690	249	345	Other fee (specify) _____				Other fee (specify) _____				<b>SUBTOTAL (1) (\$ 710.00)</b>				<b>SUBTOTAL (3) \$0.00</b>				<del>Reduced by Basic Filing Fee Paid</del>				<del>Complete if applicable</del>			
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																																																																																																																																								
105	130	205	65																																																																																																																																								
127	50	227	25																																																																																																																																								
139	130	139	130																																																																																																																																								
147	2,520	147	2,520																																																																																																																																								
112	920*	112	920*																																																																																																																																								
113	1,840*	113	1,840*																																																																																																																																								
115	110	215	55																																																																																																																																								
116	380	216	190																																																																																																																																								
117	870	217	435																																																																																																																																								
118	1,360	218	680																																																																																																																																								
128	1,850	228	925																																																																																																																																								
119	300	219	150																																																																																																																																								
120	300	220	150																																																																																																																																								
121	260	221	130																																																																																																																																								
138	1,510	138	1,510																																																																																																																																								
140	110	240	55																																																																																																																																								
141	1,210	241	605																																																																																																																																								
142	1,210	242	605																																																																																																																																								
143	430	243	215																																																																																																																																								
144	580	244	290																																																																																																																																								
122	130	122	130																																																																																																																																								
123	50	123	50																																																																																																																																								
126	240	126	240																																																																																																																																								
581	40	581	40																																																																																																																																								
146	690	246	345																																																																																																																																								
149	690	249	345																																																																																																																																								
Other fee (specify) _____																																																																																																																																											
Other fee (specify) _____																																																																																																																																											
<b>SUBTOTAL (1) (\$ 710.00)</b>				<b>SUBTOTAL (3) \$0.00</b>																																																																																																																																							
<del>Reduced by Basic Filing Fee Paid</del>				<del>Complete if applicable</del>																																																																																																																																							
<p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>				<p><b>FEE CALCULATION</b></p> <p><b>1. BASIC FILING FEE</b></p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>690</td><td>201</td><td>345</td></tr> <tr><td>106</td><td>310</td><td>206</td><td>155</td></tr> <tr><td>107</td><td>480</td><td>207</td><td>240</td></tr> <tr><td>108</td><td>690</td><td>208</td><td>345</td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td></tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (1) (\$ 710.00)</b></td> </tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES</b></p> <table border="1"> <thead> <tr> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>26</td><td>18</td><td>108</td></tr> <tr><td>4</td><td>80</td><td>80</td></tr> <tr><td>Multiple Dependent</td><td>0</td><td>0</td></tr> <tr> <td colspan="3" style="text-align: right;"><b>SUBTOTAL (2) (\$ 188.00)</b></td> </tr> </tbody> </table>				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	101	690	201	345	106	310	206	155	107	480	207	240	108	690	208	345	114	150	214	75	<b>SUBTOTAL (1) (\$ 710.00)</b>				Extra Claims	Fee from below	Fee Paid	26	18	108	4	80	80	Multiple Dependent	0	0	<b>SUBTOTAL (2) (\$ 188.00)</b>																																																																																											
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																																																																																																																																								
101	690	201	345																																																																																																																																								
106	310	206	155																																																																																																																																								
107	480	207	240																																																																																																																																								
108	690	208	345																																																																																																																																								
114	150	214	75																																																																																																																																								
<b>SUBTOTAL (1) (\$ 710.00)</b>																																																																																																																																											
Extra Claims	Fee from below	Fee Paid																																																																																																																																									
26	18	108																																																																																																																																									
4	80	80																																																																																																																																									
Multiple Dependent	0	0																																																																																																																																									
<b>SUBTOTAL (2) (\$ 188.00)</b>																																																																																																																																											

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103	18	203
102	78	202
104	260	204
108	78	209
110	18	210
<b>SUBTOTAL (2) (\$ 188.00)</b>		

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	<b>Michael J. Falkoff</b>	Registration No. (Attorney/Agent)	<b>30,833</b>
Signature		Telephone	<b>617-439-2879</b>
		Date	

## WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.